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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10002957

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                             |              |                              |                                       |                  |       | SMALL ENTITY        |                        |       | OTHER THAN          |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|--------------|------------------------------|---------------------------------------|------------------|-------|---------------------|------------------------|-------|---------------------|------------------------|
| _                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                             | (Column 1)   |                              | (Column 2)                            |                  | 1     | TYPE                |                        | OR    | SMALL ENTITY        |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                             | 301          |                              |                                       |                  |       | RATE                | FEE                    |       | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                             | NUMBER FILED |                              | NUMBER EXTRA                          |                  |       | BASIC FEE           | 370.00                 | OR    | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                             | ## minus 20= |                              | · 24x                                 |                  |       | X\$ 9=              |                        | OR    | X\$18=              | ٥٥                     |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                             | 3 minus 3 =  |                              | <b>Ø</b>                              |                  |       | X42=                |                        | OR    | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                             |              |                              |                                       |                  |       | +140=               |                        | OR    | +280=               |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                                                                                                                   |                                                |                                             |              |                              | r "0" in c                            | olumn 2          |       | TOTAL               |                        | OR    | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                             |              |                              |                                       |                  |       | •                   |                        | •     | OTHER               | THAN                   |
| •                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | (Column 1)                                  |              | (Colu                        |                                       | (Column 3)       | SMALL | ENTITY              | OR                     | SMALĹ |                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGH<br>NUM<br>PREVI<br>PAID | IBER                                  | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | *                                           | Minus        | **                           |                                       | =                |       | X\$ 9=              |                        | OR    | X\$18=              |                        |
| AME                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                                    | *                                           | Minus        | l                            |                                       | =                |       | X42=                |                        | OR    | X84=                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE                                    | NTATION OF M                                | JLTIPLE DEI  | PENDEN                       | T CLAIM                               |                  |       | +140=               |                        | OR    | +280=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | ·                                              |                                             |              |                              |                                       |                  |       | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1) (Column 2) (Column 3)               |                                             |              |                              |                                       |                  |       |                     |                        | 10.,  | ADDIT. FEE          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | (Column 1)<br>CLAIMS                        |              |                              | HEST                                  | (Column 3)       | 1 :   | 1                   | ADDI-                  | 1 1   |                     | ADDI-                  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                |                                                | REMAINING<br>AFTER<br>AMENDMENT             |              | PREVI                        | MBER<br>OUSLY<br>FOR                  | PRESENT<br>EXTRA |       | RATE                | TIONAL<br>FEE          |       | RATE                | TIONAL<br>FEE          |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | *                                           | Minus        | **                           |                                       | =                |       | X\$ 9=              |                        | OR    | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                    | *                                           | Minus        | ***                          |                                       | =                |       | X42=                |                        | OR    | X84=                |                        |
| Ľ                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |              |                              |                                       |                  |       |                     |                        | );;   |                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                             |              |                              |                                       |                  |       | +140=               |                        | OR    | +280=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                             |              |                              |                                       |                  |       |                     |                        | OR    | TOTAL<br>ADDIT, FEE |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                             | ADDIT. FEE   |                              |                                       |                  | ٠     |                     |                        |       |                     |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                |                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVI         | MN 2)<br>HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                          | *                                           | Minus        | **                           |                                       | =                |       | X\$ 9=              |                        | OR    | X\$18=              |                        |
| ME                                                                                                                                                                                                                                                                                                                                                                                                         | Independent                                    | *                                           | Minus        | ***                          |                                       | =                | ]     | X42=                |                        | OR    | X84=                |                        |
| Ľ                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESE                                    | ULTIPLE DE                                  | PENDEN       | T CLAIM                      |                                       | ┚╏               |       |                     | OI                     | ·     |                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | it share and the second                        |                                             |              | 6 "                          | - #O7 !- ·                            | l                |       | +140=               |                        | OR    | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                             |              |                              |                                       |                  |       |                     |                        |       |                     |                        |